ADCC Name: King Lunalilo ADCC

Community Ties of America 45-955 Kamehameha Highway, Suite 300 Kaneohe, HI 96744

Compliance Manager Name: Deborah Baumgart LPN

Address: 501 Kekauluohi Street

Honolulu, HI 96825

Adult Day Care Center (ADCC) Annual Deficiency Report

12/11/2020		Date Corrective Action Plan is Due:	
Check Item	H.A.R. 17-1424 Chapter #	Chapter Heading	Rule # and Non-Compliance findings
ок	3	Application for Certificate of Approval	
ок	١ 11	Administration	
ок	12	Personnel and Staffing	
ок	13	Admissions	
ОК	14	Participant Fees	
ок	15	Transportation	
ок	16	Services for Center Participants	
ОК	17	Physical Location	
ок	18	Fire Protection	
ок	19	Other Disasters and Evacuations	

The CTA Compliance Manager has reviewed the above items with me and has provided me with a copy of this form. It is my responsibility to correct all items listed above and provide a written plan of correction to CTA within the timeframe stated above.

If this box is check	red then I understand that I met all requirements and no corrective act	ion is required
PRINT NAME:	Iwalani K. Ahtaun	
SIGNATURE:	Gwalanik. AliQuin	Date: 12/11/2020
Compliance Manger Signature_	Duh 188	Date: 12/11/20